

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, the information given herein is true, that I believe I am the original, first and sole (if only one name is listed below) or an or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: RECOMBINANT PROTEINS OF A PAKISTANI STRAIN OF HEPATITIS E AND THEIR USE IN DIAGNOSTIC METHODS AND VACCINES

which is described in:
☒ the attached application or

☐ PCT International Application No. _____ filed _____
☐ the specification in application Serial No. _____ filed _____
 (if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56 (a).

I hereby claim foreign priority benefits under Title 35 United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international applications(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

COUNTRY	APPLICATION	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC § 119
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT International application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

Application Serial No.	Filing Date	Status: patented, pending, abandoned

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

James C. Haight, Reg. No. 25,588; Gloria Richmond, Reg. No. 30,416; Robert Benson, Reg. No. 33,612; Jack Spiegel, Reg. No. 34,477; Laurence J. Hyman, Reg. No. 35,551; Susan S. Rucker, Reg. No. 35,762; David R. Sadowski, Reg. No. 32,808; Steven M. Ferguson, Reg. No. 38,448; Stephen L. Finley, Reg. No. 36,357; John P. Kim, Reg. No. 38,514 and Larry M. Tiffany, Reg. No. 40,844 all of the Office of Technology Transfer, National Institutes of Health, Box 13, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852.

I further direct that all correspondence concerning this application be directed to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's signature: _____ Date: _____

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